



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Care Safety and Quality
Medical Use of Marijuana Program
99 Chauncy Street, 11th Floor, Boston, MA 02111

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Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary

MONICA BHAREL, MD, MPH
Commissioner

Tel: 617-660-5370
www.mass.gov/medicalmarijuana

April 4, 2016

Alan Rothenberg
Olde World Remedies, Inc.
One Longfellow Place, Suite 3811
Boston, MA 02114

Re: Request for Information

Dear Mr. Rothenberg,

This letter is to inform you that the Department of Public Health ("Department") has reviewed the additional or revised information submitted for Olde World Remedies, Inc.'s *Management and Operations Profile* (Application 1 of 2). The *Management and Operations Profile* requires the following information before the Department may complete its evaluation:

1. Applicant submitted Employment and Education Forms for Nick Messer and Kevin Young. Both forms contain almost the same information. Please clarify whether their residential address, titles, education, and employment history are actually the same or whether this was an error. If an error, please resubmit the Employment and Education Forms for these individuals with the correct information included.
2. The amendment to the bylaws submitted in response to our letter dated December 28, 2015 does not adequately address issues of disclosure, recusal, voting and minutes.
3. In the revised response to Question D.20, applicant states that Kevin Young owns Port City Relief, but this experience is not included in his Employment and Education form. Please have him include this experience in his Employment and Education Form and resubmit the form.
4. In its revised response to Question E.24, applicant still does not fully answer the question by providing a summary of the RMD's operating procedures for the provision for security at the RMD and instead merely cited regulations and addressed security in regards to one member of its team. Applicant must resubmit its response to Question E.24 that fully answers the question, including providing a summary of operating procedures for the provision of security at the RMD in general.

5. In its revised response to Question E.32, applicant states, “Any person that is unable to produce a registered patient card and valid proof of identification, or who does not have a valid certification in the department-supported interoperable database.” This sentence does not appear to be complete. Applicant must resubmit a completed response to Question E.32 with this sentence completed.
6. Also in its revised response to Question E.32, applicant states, “Pursuant to CRM 725.015 Patients will be asked to fill out a patient registration form for the dispensary and in return will be given a medical marijuana card for OWR, Inc. that must be used at each of their following visits to OWR.” 105 CMR 725.015 pertains to the registration of qualifying patients with the Medical Use of Marijuana Program, rather than with a specific RMD. Please resubmit a complete response to Question E.32 that is in compliance with 105 CMR 725.015. Please note that information on how patients register with the Medical Use of Marijuana Program can be found at the Medical Use of Marijuana Program’s website at [www.mass.gov/medical marijuana](http://www.mass.gov/medical_marijuana).
7. In its revised response to Question E.35, applicant still does not fully answer the question by providing a summary of the RMD’s operating procedures for patient or personal caregiver *home-delivery*, but rather focuses on delivery protocols in general. Applicant must resubmit a completed response to Question E.35 that fully answers the question.
8. Alan Rothenberg, Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, President, and member of the Board of Directors, is also a contributor of 5% or more of initial capital to operate the proposed RMD. This related party transaction was not listed in your response to Question C.12. Please resubmit a complete response to Question C.12 that includes the proposed agreement between Alan Rothebberg and the applicant. Please also submit a copy of the agreement and an independent legal opinion that the agreement is in compliance with the non-profit requirements of 105 CMR 725.100(A)(1) and the Guidance for Registered Marijuana Dispensaries Regarding Non-Profit Compliance (<http://www.mass.gov/eohhs/docs/dph/quality/medical-marijuana/applications/non-profit-compliance-guidance.pdf>). Please be advised that the applicant must submit such information prior to receiving a Provisional Certificate of Registration. An application will not be deemed complete until all materials requested by the Department are submitted.
9. Please clarify if Harvey Rothenberg or Judith Rothenberg, contributors of 5% or more of initial capital to operate the proposed RMD, is an immediate family member of Alan Rothenberg or Suzanne Rothenberg, a member of the Board of Directors. If either contributor is an immediate family member, the agreement with Harvey and Judith Rothenberg would be considered a related party transaction. If so, please resubmit a complete response to Question C.12 that includes the proposed agreement between Harvey and Judith Rothenberg and the applicant. Please also submit a copy of the agreement and an independent legal opinion that the agreement is in compliance with the non-profit requirements of 105 CMR 725.100(A)(1) and the Guidance for Registered Marijuana Dispensaries Regarding Non-Profit Compliance. Please be advised that the applicant must submit such information prior to receiving a Provisional Certificate of Registration. An application will not be deemed complete until all materials requested by the Department are submitted.

If the applicant has been requested to resubmit their response to a question, please do so using the page on the application form for that particular question, and include an initialed attestation at the bottom of the page. The applicant need not resubmit the entire application and may submit only the page for the particular question that needs to be submitted.

Please remember to type all responses in the information or materials resubmitted to the Department, other than any required signatures, as well as include the name of the Applicant Non-Profit Corporation *and* the number of the application (e.g., Application 1 of 1) at the top of each page of the resubmitted information or materials.

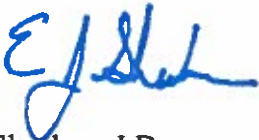
Please resubmit the additional or revised information as outlined above, via U.S. mail or hand-delivery, to:

Department of Public Health
Medical Use of Marijuana Program
RMD Applications
99 Chauncy Street, 11th Floor
Boston, MA 02111

Upon receipt, the Department will review the information and will notify the applicant if it is invited to submit a *Siting Profile* or if further information is required before the applicant may proceed.

If you have questions or need assistance, you may contact the Department at 617-660-5370 or RMDapplication@state.ma.us.

Sincerely,

A handwritten signature in blue ink, appearing to read 'E. Sheehan', with a stylized flourish at the end.

Eric Sheehan, J.D.
Interim Bureau Director
Bureau of Health Care Safety and Quality
Massachusetts Department of Public Health